3 6		Ite	m 16aFI	LmG614	4/22/8	STA	TE OF A	MARYLAND I AND MENTA	HYGIENE			
00-	03618	1-	STATE REGISTRA ETHEL	BEASLE	Y ME	DICAL EXAMIN	IER'S		OF DEATH	REG	NO. 1	14
	3		EASED NAME OR PRINT)	FIRST	=	WIDDLE	BI	PASI E	1	OF ESTI-	MONTA D	YEAS 6 25. HOUR
	OR. COR.	3 SEX	4. RAC	1116/	ATE OF BIDTH	O A AGE (INY	OL IF III	NDER 1 YR. LIF UND		DATE	MONTH I	19 86 M DAY YEAR 2d. HOUR
	ZAZER Z	Fe	make Ca	enc. 1	ATE OF PIRTH 1	4 YEAR 4 LAST BIRTHE	RS.		MIN PROI	NOUNCED DEAD	4-11	1986 11P M
1	35 Tax	7a. BI	RTHPLACE (STATE OR	7b. C	CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NEVER MA	RRIED 9. BA	ALTIMORE CITY	OR COUNTY	OF DEATH
	1445 14 C		J HAMPSHIR	RE /	U.S.A.		WIDOV	VED 🙎 DIVO	RCED	TOWAR	D Cor	INTY MD.
,	2	10. CI	TY OR TOWN OF DE			PITAL, NURSING HOM	E, OR OTH	HER INSTITUTION	FOR MOST	OCCUPATION (T OF WORKING LIFE)	YPE OF WORK 126	OR INDUSTRY
1	ADD TO		DLUMBIA	2.60	DWARD CI			OSPITAL	HOME	MAKER	0	WN HOME
	ANY DOUGO	130 S		135 COUNTY ESSEX	er institution Giv	13c. CITY OR TOWN NEWARK	ION)	13d. INSIDE CITY LIMIT		SIDE ST	REET 9	07100
	DOWN TO	-	THER'S NAME	MID	Dis	1.00		15. MOTHER'S MA		WIDDLE		LAST
Tools	3823199	1	JESS JESS	SE MID	Ote	LEDFORD		RUT	Н	MIDDLE	HETT	5731
	NA STORES		AS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SECURI	IY NO.	17. INFORMANT		ADDRE	Columb	bia. MD.
	MIN SAPER		es	WWII		149-14-35	83	Edward	Beasley	- 5191	Brookway	
134	ST		18. CAUSE OF DEA PART I DEATH V	TH (Enter only one VAS CAUSED BY:	cause per line	far (a), (b), and (c).)	2.		rront	2		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ON THE STATE ON THE STATE ON THE STATE OF TH	-3		IMMEDIATE CA		AS A CONSEQUENCE	OF OF	nary	11177/			
	MER A MEN		Conditions, if			AS A CONSEQUENCE	OI .					
	W.W.	13	gave rise to cause (a) statin	g the under-	(b) DUE TO, OR	AS A CONSEQUENCE	OF					
	SON SON	1	lying couse last		(c)							
	RECORDS, 20  LD BE EXECUTE PENDING" IN MEDICAL EX D AS A BURIA FEATH AND A CREMATION	z	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTR		BUT NOT RELATED TO THE TER	MINAL OISEAS	SE OR CONDITION GIVEN I	N PART 1 (a).			
	F WEDIN	CERTIFICATION	19a. DATE OF OPER	ATION	TI96 CONDIT	ION FOR WHICH OPE	RATION V	VAS PERFORMED?				20 AUTOPSY?
	A SOUTHWAY	100	20-									YES NO!
State of the	OF VIT	1	21a. EXTERNAL CAL		21b. TIME OF	INJURY . MONTH DAY YEA	21c. H	OW INJURY OCCU	RRED LENTER NATUE	E OF INJURY IN ITEM	18 PART 1 OR PART 2	
			UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT			K					
	DIVISION SCERTIFIC RITING THE REDED TO RE 3 SHOL REDEPART OUR PRIOR	MEDICAL	21d. INJURY OCCUP	RED	21e PLACE C	OF INJURY (AT HOME,		CATION STREET	CIT	ORTOWN	COUNT	Y STATE
	MARI WAR PAGE 2120	-	AT WORK	VORK -								
	FORE PAREST				the remains des	cribed above, held an	Autop	osy . Inspe	ction , In	quiry D	and in my apinio	on
-	ERTHIC ERTHIC BE F INECTO WITH THE	-	death resulted fram	m: Natural ca	uses 🔼 ,	Accident , S	vicide	, Hamicide	, Undetermin	ned manner	],	
	20505	10	ACTUAL C	1	22	?t		TITLE (SPECIFY	1		DATE	4.12.60
	NERAL STORY	1	SIGNATURE	wmeg (	y CAL	MELY,	^	1.D. 17/12/19	MEDICAL	EXAMINER	SIGNED	1186
	*GMERE	1	EXAMINER'S NAME	/homes	1	Herbert	411	ADDRESS 2	Cicoff.	Gh (	nd 2	2043
0	524544	23a. B	URIAL, CREMATION,	REMOVAL 236 D	ATE	23c. NAME OF CE	METERY		23d, LOCAT	ION	COUNTY	STATE
46	1 8p 40		ourial	4/	16/998	GLENDAL	E CE	METERY	BLOO	MFIELD	NEW JE	RSEY
10	1 bonder for		ROY M. & I	RUSSELL	C. WITZ	KE FUNERAL	HOME	S 250. DA	TE REC'D. BY REC		GISTRAR'S SIGI	NA WENDER
	(VR A15 ME (5))	55	55 TWIN KI	VOLLS RD	. COLIIM	KE FUNERAL BIA MARYLA	ND 21	045 A	PR 151	986 gui		

of a later passed with the state of the state of the Yales agency and the State of BROWN TO THE WORLD DAY TO THE TOTAL OF THE STATE OF THE S ADAS VALSBORS 1916 - VALSCAS BECAUTE GUC- 1-135 

Raymond C. Fink Glen Burnie, Md.

FOR

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21061

ISTRAR 250 REGISTBAR'S SIGNATURE

The second secon the supplementary and the second seco

## CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) JOSEPH LEO CAPARELLA 4. RACE 5. DATE OF BIRTH 6 AGE [IN YEARS LAST BIRTHDAY] MONTH YEAR WHITE 20 MALE 66 TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY) Howard County NEW JERSEY WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) n/a Columbia Howard County General Hosp USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE NI COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? YES [ Arizona Phoenix NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Peter Caparella Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WW TI 215-01-4391 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY ARDIOPULMONAR. ARREST IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF CORONARY OCCLUSION Canditians, if any, which gove rise to immediate couse (o), stoting the underlying cause last COOLONARY PRITERY DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC/ 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY STREET (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an APRIL DEGREE ATTENDING 22e ADDRESS

23b. DATE

4/24/86

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY n/a 13e.STREET ADDRESS / ZIP CODE 1620 North 70th Drive 8503 Mancuse **ADDRESS** 85035 Pauline Y. Caparella 1520 North 70th Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ZSMIN. 25 405 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO O 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 86 and that in (my) (aur) opinion death occurred an the date and have and learn the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN ( 23¢ NAME OF CEMETERY OR CREMATORY Howard Maryland Meadowrdige Mem. Pk Elkridge المناسعة والمعالم المالية Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

0

MONTH

DAY

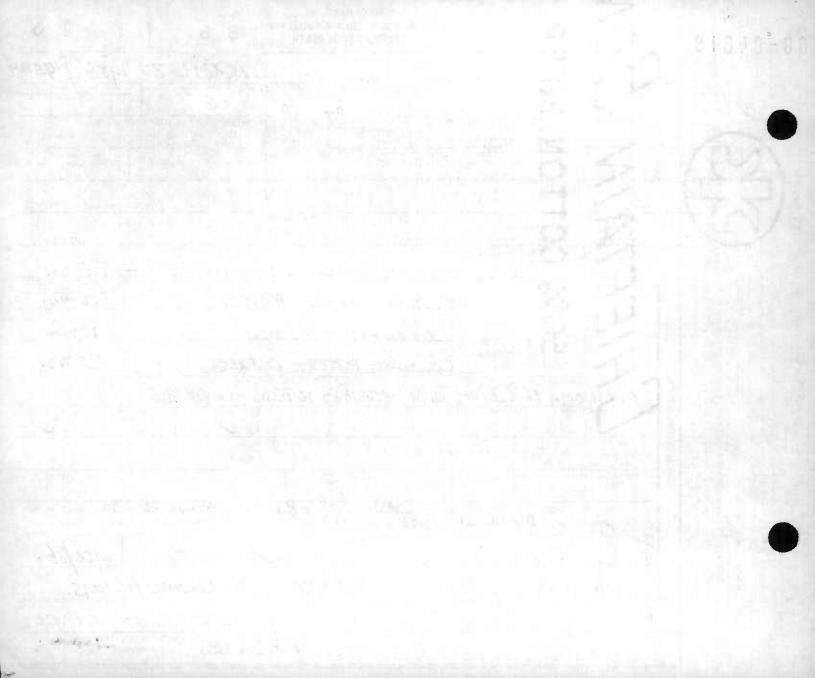
DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

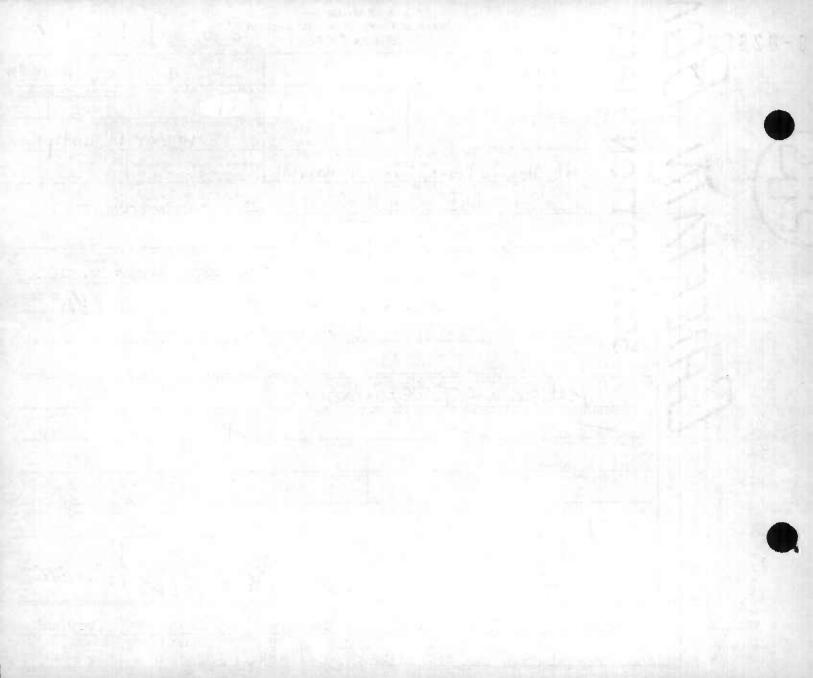
24 FUNERAL DIRECTOR



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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

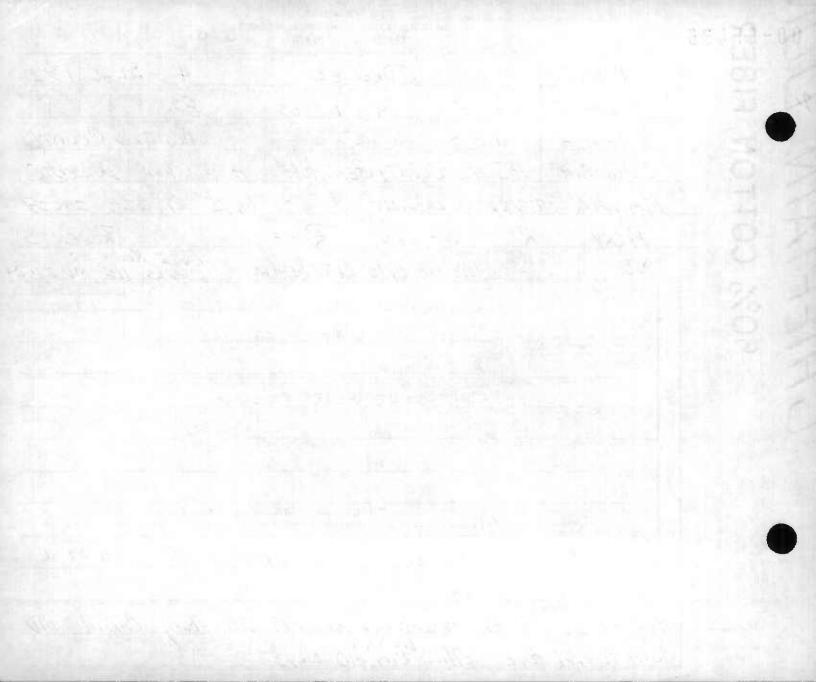


Thomas C. Cim  SEX  Male  Job Birthplace (STATE OR FOREIGN COUNTRY)  Month  Thomas C. Cim  Month  Male  Job Birthplace (STATE OR FOREIGN COUNTRY)  Month  Thomas C. Cim  Month  Male  Job Birthplace (STATE OR FOREIGN COUNTRY)  Month  Thomas C. Cim  Month  Month  Month  Thomas C. Cim  Month  Month  Month  Thomas C. Cim  Month  Month	30 17  NEVER MARRIED  DIOC DIVORCED	REG. NO.  20. DATE OF DEATH MONI  6. AGE (IN YEARS LAST BIRTHDAY	10 86  If UNDER I YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIR YRS.  DUNTY OF DEATH
Thomas C. Cim  SEX  RACE  S. DATE OF MONTH  White  The BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED COUNTRY)  Md. III. S. A. WIDOWER  TO COUNTRY)  TO CITY OR TOWN OF DEATH  TO CIT	F BIRTH  JAY  YEAR  30  17  DI NEVER MARRIED  DINORCED	20. DATE OF DEATH MONITOR OF THE PROPERTY OF CO.  10. AGE (IN YEARS LAST BIRTHDAY  68 9 BALTIMORE CITY OF CO.  HOWARD COUNT  1120 USUAL OCCUPATION	30 86 If UNDER I YEAR IF UNDER 24 HR YRS.  VRS.  DUNTY OF DEATH
Thomas C. Cim  1-SEX  4 RACE  5. DATE OF MONTH  White  5  Warried  Widower	F BIRTH  30  17  DI NEVER MARRIED  DINORCED	68  BALTIMORE CITY OR CO  Howard Count  120 USUAL OCCUPATION	YRS.  IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIP  YRS.  OUNTY OF DEATH
Male  Male  Male  Marke  Mid  Mid  Mid  Mid  Mid  Mid  Mid  Mi	F BIRTH  30  17  DI NEVER MARRIED  DINORCED	68  BALTIMORE CITY OR CO  Howard Count  120 USUAL OCCUPATION	YRS.  IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIP  YRS.  OUNTY OF DEATH
Male White 5  To: BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWELD  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OFFICE OF NOTING HOME STREET ADDRESS)  11. VAME OF HOSPITAL, NURSING HOME OF OFFICE OF NOTING HOME OF OFFICE OF NURSING HOME OF OFFICE OFFICE OFFICE OF NURSING HOME OF OFFICE OFFIC	30 17  DI NEVER MARRIED DI DIOCK DIVORCED	9 BALTIMORE CITY OR CO Howard Coun 120 USUAL OCCUPATION	YRS. DUNTY OF DEATH
7b. CITIZEN OF WHAT COUNTRY? 8.  MARRIED  Md  II S WIDOWER  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13d. STATE  13b. COUNTY  13c. CITY OR TOWN	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO Howard Coun 120 USUAL OCCUPATION	TUNTY OF DEATH
Md.  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  PIlicott City  9794 Tongview Drive  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  139. COUNTY  130. CITY OR TOWN	DIVORCED [	12a USUAL OCCUPATION	
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  P13. COUNTY  11. NAME OF HOSPITAL, NURSING HOME OF OFFICE OF OFFICE OF HOSPITAL, NURSING HOME OF OFFICE OFFICE OF OFFICE OF OFFICE OF OFFICE OFFICE OF OFFICE OFFIC		12a USUAL OCCUPATION	
Filicott City 9794 Longview Drive  OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  136. COUNTY  137. CITY OR TOWN		THE OF HOME ON MOST OF HO	
130. STATE 13b. COUNTY 13c. CITY OR TOWN		Proc. Mngr	Md.Proc.Market
	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS EL	licott City, Md.
Md. Howard Ellicott City	YES NO TO	9794 Longvi	
IA FATHER'S NAME	15. MOTHER'S MAIDEN NAM	ME	TAST
FIRST MIDDLE LAST Francisco C.	Rose	WIDDLE	Cimino
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO.		Longvi ew Iri	Ellicott City
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  NO 218-32-2808	Carol L. Cimbo		Md. #21043
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1	Caror H. Crmbo.	10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  AUTHORITIES CONDITION FOR WHICH OPERATION  196 CONDITION FOR WHICH OPERATION  216. ACCIDENT WAS UNDERLYING TO BUT IN THE OF INJURY HOUR A.M. MONTH DAY YEAR	e.	20a AUTOPSY? 20b	DN GIVEN IN PART 1101  b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	KB LE	YES NO	YES NO
TO CONTRIBUTION CAUSE OF DEATH HOUR A.M. MONTH DAT TEAK	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN T	TEM 18 PART 1 OR PART 2)
21d INJURY OCCURRED 21e PLACE OF INJURY	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
0	78ER 19 80	10 APRIL 30	0 . 19 86 , that (1) (we) le
saw the deceased alive an MIRCH 14 19 YL and	d that in (my) (aux) opinion o	death accurred on the date o	nd haur and fram the causes stated
saw the deceased alive an MINGEN 14 19 16 one obove. (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	d that in (my) (euc) opinion o	death accurred on the date o	and have and from the couses stated
saw the deceased alive an MINGEN 14 19 YL one obove. (b) (wild hard) view the body often death.  22b. SIGNASURE	DEGREE		224. DATE SIGNED
saw the deceased alive an March 14 19 12 one obove, (b) (call state) (did not view the body oper death.  22b. SIGNASURE	DEGREE	death accurred an the date o  MEDICAL STAFF DIRECTOR   PHYSICIAN	224. DATE SIGNED
saw the deceased alive an MACH 14 19 YL one obove. (b) (wild part) (did not) view the poor ober death.  22b. SIGNASURE	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	224. DATE SIGNED
saw the deceased alive an MILCH 14 19 YL one obove, (b) (16) (16) (16) (16) (16) (16) (16) (16	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22. DATE SIGNED

	1-	FOR STATE			DI	EPARTMENT OF	TE OF MARYLAND HEALTH AND MEN	TAL HYGIE	NE 8 6	1	17	19
00-0248		REGISTRAR EASED NAME DR PRINT)	FIRST		WIDDLE	CEKI	FICATE OF DEA		REG. No. DATE OF DEATH	MONTH D		26 HOUR
y be			any	67	-	0	zts			7 1	86	7-7/1
ge 4 mo ector. po urs ofter (	3. SEX	M		1. RACE		S. DATE		SEAR SEAR	AGE (INVERDEDATE A	YRS	ONTHS. DAYS	HOURS MIN.
or of of		THPLACE (STATE O	DR FOREIGN	76 CITIZEN O	7	MARR		CED [	HOW C		OF DEATH	MD.
10 (11) 8/	1	Y OR TOWN OF D	h~	(IF NOT IN S	C G	NURSING HOME VE STREET ADDRESS)	OR OTHER INSTITUT	TION 12	type of work for Post	ION OF WORKING LIFE)		OF BUSINESS OR
MARYLAND 2120 migletely (illed to another 2 shaped to another 2 sh	JSUA I3a Si	L RESIDENCE (IF NU	134 COUN		13c CITY C		13d. INSIDE CITY L		SIREEI ADDRESS 9996 Rt32	/ ZIP CODE Jessu	p, Md,	20794
MARYL mapletel	IA FA	THER'S NAME FIRST Isaac		MIDDLE C1	ark	AST	Soff	inia	MIDDLE	Clar		
BALTIMORE, code be executed by yelcon and company speries bages, well in the medicals.		AS DECEASED EVE ES. NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		05-6691	Bessie	Malloy	Coats	Jessup	Md.	20794
2 5 5 5		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ily one couse p D BY: TE CAUSE (o)_	er line for (a)	wite,	nyoca	erdi	al In	farct	BETWEEN	IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST  NG PHYSICIAN: The low requires that the deriff performed that this certificate has been signed by it afficiant os the buriol-fronsit permit. Then please remove control that and Mental Hygiene prior to buriol, are inclined.  or ked or them 18 skows any injury, or other transmitter.		Conditions, if or gove rise to ir cause (a), sto-underlying cou	mmediate ting the	(b)_		NSEQUENCE OF	7					
RDS, 20 equires and signed Then play injury, o injury, o	NOI	PART 2 OTHER SA	GNINCANTO	PONDITIONS	CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO	Mell	AL DISEASE OR COM	NDITION GIVE	N IN PART 1	0
At RECO	CERTIFICATION	DATE OF OPER	12	19b. CON	DITIÓN FOR	WHICH OPERATI	ON WAS PERFORME	D	200 AUTOPSY? YES □ NO#		WERE FINDING CAUSES	
OF VITA ICIAN: TI g physici entificate iol-transi ntol Hygi em 18 sk		210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEL	HOUR .	OF INJURY A.M. MON P.M.	TH DAY YEA	21c. HOW INJUR	Y OCCURRED	(ENTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT I OR PART 2}	
IVISION IG PHYS offendin ter this c s the bur n and Me	MEDICAL	WHILE AT WORK	1/1/		E OF INJURY STREET, FACTORY	OFFICE, FARM ETC.)	211. LOCATION STREET	201	CITY OR TO	OWN	COUNTY	STATE
TENDIN TOR: Af- TOR: Af- for use of Mealth		22a.l certify that saw the decea	osed olive on	/	the deceased	19 0/	, 1 and that in (my) (our	o opinion dec	oth occurred on the o	dote and hour		that (IT (we) last causes stated
the DREC etached ite Dept.		22b. SIGNATURE	Ulux	n 7	Cun	7		NDING SICIAN 1	MEDICAL STA	AFF CIAN []	22c. DATE	SIGNED 6
O HOSPITA etoined by 1 TO FUNERA should be de with the Stot		22d PHYSICIAN'S	NAME (TYPE O	OR PRINT)	2128	m 2g	220 ADDRESS	55 Lil	He Patr	rest	PKW	Column)
BP Cod Maximum		URIAL, CREMATION	N, REMOVAL	23b DATE 4/5/	<sup>'</sup> 86		CEMETERY OR CREA		Elkride	e How	ard	Md.
DHMH - 16 60M 7/B4	24 FU	NERAL DIRECTOR	oico F	SDA 13	300 Fut	PSES Place		250. DATE R	EC'D BY REGISTRA	256. REGISTR	AR'S SIGNAT	UR Condatos

00-02464 FISH REST

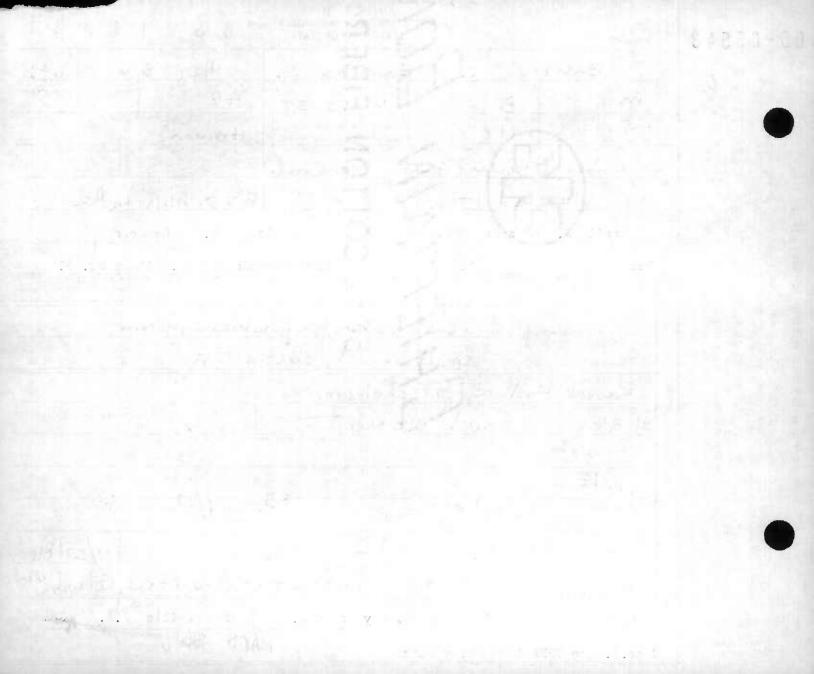
(VRA 15, 4)



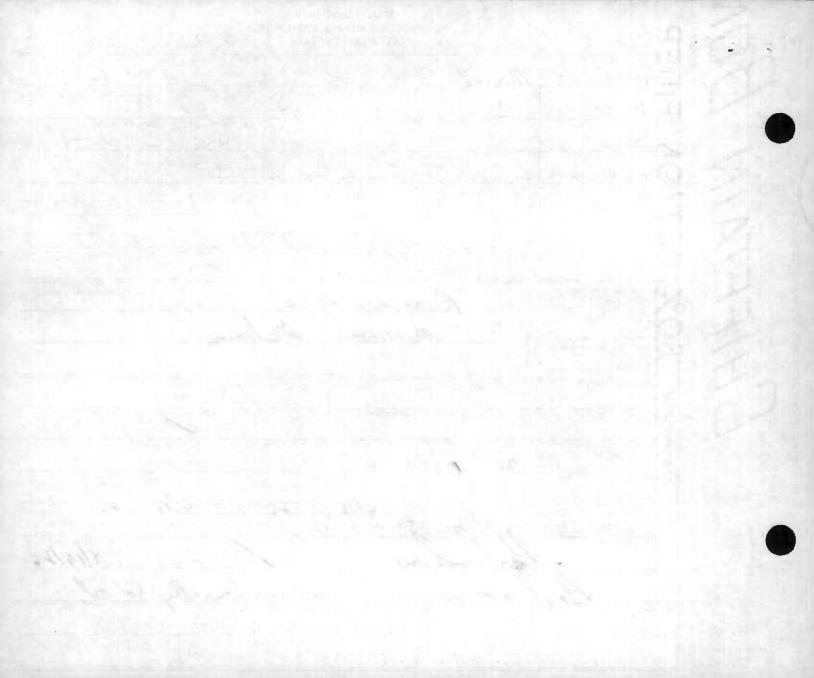
Chas. A. Rice FSPA 1300 Eutaw Place

DHMH - 16 60M 7/84

(VRA 15, 4)



					STATE OF MARY					-
-755	1-	FOR STATE REGISTRAR			CERTIFICATE O		IENE 8 6	NO.	1/	2 2
deoth by		CEASED NAME FIRST	MICHAE 14. RACE	c EIS	SENBER	9-	20. DATE OF DEATH	4	19 86 IF UNDER 1 YEAR	3 PM
rs ofte	3. 327	MALE	CAUCAS	SIAN	MONTH DAY	YEAR 54	3.	2	MONTHS DAYS	
25 to 22 hou	C	RTHPLACE (STATE OR FOREIGN OUNTRY)  ARY LAND	76. CITIZEN OF WHA		MARRIED NEVE	R MARRIED DIVORCED	9. BALTIMORE CITY		Y OF DEATH	MD MD
-81	C	OLUMBIA	11. NAME OF HOSP (IF NOT IN SUCH FACE)	ITAL, NURSING	HOME OR OTHER IN CORESS)	HOSP ITAL	12a. USUAL OCCUP.			OF BUSINESS OR
	13a. S	MARYLAND HOW	NTY 13c	ESIDENCE BEFORE A CITY OR TOWN OLUMBIA	13d. INSIDI	CITY LIMITS?	13e.STREET ADDRES 9529 SEA	SHADO	w, COLU	(21046) JMBIA, MD
130	W	THER'S NAME FIRST ILLIAM	WIDDLE		SENBERG	R'S MAIDEN NAMERS TEANN	JE MIDOLE		MAÈ	eks eks
s. Poges medico		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI NO	VE WAR OR DATES)	SOCIAL SECUR 18-56-80			SENBERG 9	529 SE	A SHADO	MD. (210) W
in please remave carbon paper burial, cremation, ar remaval. iry, ar ather traumatic event, th	7	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  CONDITIONS CONTR	a CONSEQUEN	HASTETICE OF	Mc_ ED TO THE TERM	IGNOME.	ONDITION GI	VEN IN PART	lia
5.05	ō									
t permit. T	TIFICATI	19a. DATE OF OPERATION	196 CONDITION	I FOR WHICH C	PPERATION WAS PER	FORMED	200 AUTOPSY?  YES NO	IN CERTI	ES, WERE FIND IFYING CAUSE ES	DINGS USED ES OF DEATH?
prior J	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (SETHER NOTHY MEDICAL EXAMINE CAUSE OF CONTRIBUTION OF COURTED)	21b. TIME OF INJ HOUR A.M.	URY MONTH DAY	YEAR 1964	INJURY OCCURF		NJURY IN ITEM 18	IFYING CAUSE	S OF DEATH?
ental Hygiene prior. T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED	21b. TIME OF INJ ATH HOUR A.M. 7/1 P.M. 21e PLACE OF IN (AT HOME STREET, FA	URY MONTH DAY JURY ACTORY, OFFICE, FAR	YEAR 195 21f LOCA STR	TION test  19  19  19) (our) opinion o	YES NO ENTER NATURE OF III	NJURY IN ITEM 18	PART 1 OR PART 2)  COUNTY  19  ur and from th	STATE  , that (I) (we) lost e couses stated
ental Hygiene prior. T	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  72a. I certify that (I) (this has a state of the property of the pro	21b. TIME OF INJ ATH HOUR A.M. P.M. 21e PLACE OF IN (AT HOME STREET, FA	URY MONTH DAY  JURY  ACTORY, OFFICE, FAR  Coased from	YEAR 195 21f LOCA STR , ond that in (n	TION  19  Allending  PHYSICIAN  TO THE TO TH	YES NO PED (ENTER NATURE OF III	NJURY IN ITEM 18	PART 1 OR PART 2)  COUNTY  19  ur and from th	STATE , that (I) (we) lost e couses stated



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executed within 24 hours ofter de

director, page 3 nours ofter death

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## STATE OF MARYLAND

8 6 REG. NO.		-	7	2	
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1 - STATE REGISTRAR				CERTIF	TEATL OF BLATT.		REG. NO.			
L DECEASED NAME	FIRS1		MIDDLE		AST	2e. DATE OF	DEATH *		YEAR	26 HOUR
GABR	TEL	ANTONI	O FAR	AONE,	SR.		APRIL	7,198	36	3:40
3 SEX		4 RACE		5. DATE O	OF BIRTH	6. AGE INY	EARS LAST BIRTH		UNDER I YEAR	IF UNDER 24
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MAR YLANI		U.S.	Α.	MARRIED		TI CENTA	RD CO	UNTY		
10 CITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	120. USUAL	OCCUPATIO	N		F BUSINES
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130. STATE  MARYLANI	13b. COUI	VTY	13c. CITY OR TOW ELLICOT	/N	13d. INSIDE CITY LIMITS?	13. STREET /	ADDRESS / EVERGI	ZIP CODE	AY 210	043
14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	VAME	WIDDIE		LAS	ET.
ANGELO		MIDDLE		SR	ROSE		MINDLE	5	SERAN	
160 WAS DECEASED E			166 SOCIAL SECU		17 INFORMANT		ADDRES	SEVERGI	REEN V	VAY
(YES, NO OR UNKNOWN	(IF YES, GI	/E WAR OR DATES)	218*26*	1.1.37	JEANNE E.	FARAONE	ELLI			210/
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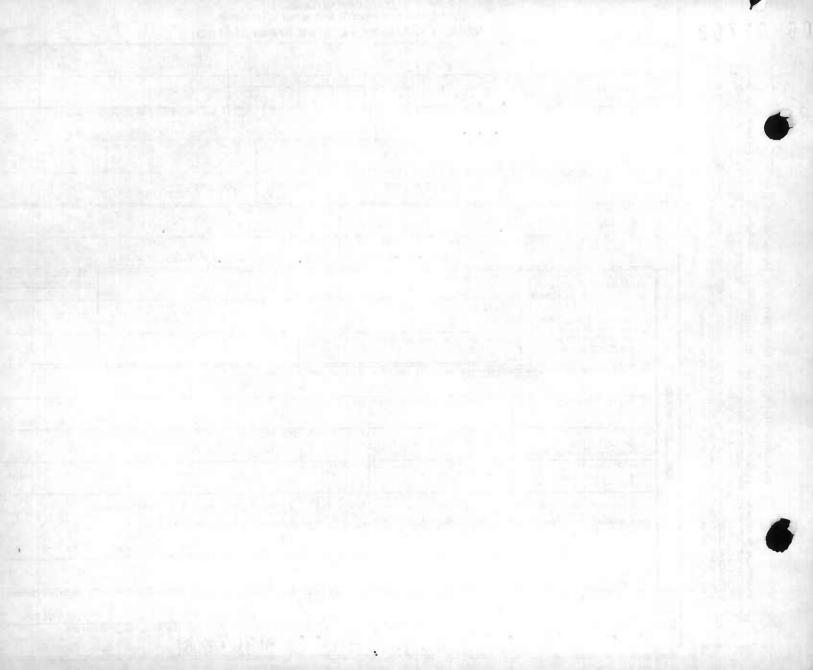
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or ottending physician.

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME 2a. DATE KNOWN LTYPE CHEPWING OF ESTI-FRANKLIN Duane Foster 1 19 86 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 2:10P Dec. 2,1954 DEAD White. 1986 79. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maruland U.S.A. WIDOWED DIVORCED Howard County 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Daniels Mechanic Motorcycles Daniels Road (parking lot) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Langford Road COUNTY Maruland Baltimore Catonsville 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Foster Shahan Frank Helune Ma 7. INFORMANT ADDRESS 218-62-2484 No Mrs. Helyne M. Foster Same as # 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Shotgun wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING YOR CONTRIBUTING CAUSE OF DEATH 110 86 self inflicted 21d INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY (AT HOME. AT WORK AT WORLE COUNTY STATE Daniels Road Howard MD Autopsy X 220. I certify that I took charge of the remains described above, held an and in my opinion SummaXX Natural causes Hamicide Undetermined monner PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) Assistant MEDICAL EXAMINER 4/2/86 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 4/4/86 Woodlawn Cemetery Woodlawn Maryland 07/84 Leving M. & Russell C. Witzke Funeral Homes P. A 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 1630 Edmondson Avenue, Catonsville. MD. 21228 (VR A15 ME (5))



	STATE OF MARYLAND	
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1726
10 - 03228	REGISTRAR CERTIFICATE OF DEATH	1 / 4
	L DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DA	YEAR 26. HOUR 32
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2 h di	TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY COUNTRY)	OF DEATH
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the fee	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126. KIND OF BUSINESS OR INDUSTRY
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VD 21	USUAL RESIDENCE (IF NURSING HOVE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 134. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE	Carel and
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IMORI e exec Poges	(145. NO RUNKNOWN) (IF YES, GIVE WAR OR DATES) 217-14-7782 VIRGINIA K. SCHAEFER 12756 RT	T.216 MARYLAND
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OR ATTEN OR ATTEN DIRECTOR Dobbe for un Dobb, of He If them 21 is	saw the deceased alive an 4 - 4 - 19 86 and that in (my) (aur) applied death accurred on the date and hours	, 11101 (11 (110) 1031
OR AI OR AI DIREC Sched to Dept. of them of	abave, (1) (A) (did) (did) view the bady after death.  276 SGNATU   DEGREE	22c. DATE SIGNED
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Op Sp. Sp. Market	236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION	7 7 7 3 .
BP	(SPECIFY)	COUNTY STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)		
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Burial 4/28/86

FOR

- STATE

2b. HOUR

25. 1986 IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Howard County 12b. KIND OF BUSINESS OR

Vice President Advertising 21044

21045

Zorn 6329 Summercrest Drive

6 mos -

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 3 OR PART 2

STATE

(our) opinian death accurred on the date and haur and fram the causes stated 22c. DATE SIGNED

Columbia. MD.

Meadowridge Mem. Pk.

Dorsey Howard Maryland

Leroye M. & Russell C. Witzke Funeral Homes P.A. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE APP 2 0 1006 una Davidson 5555 Twin Knolls Rd. Columbia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

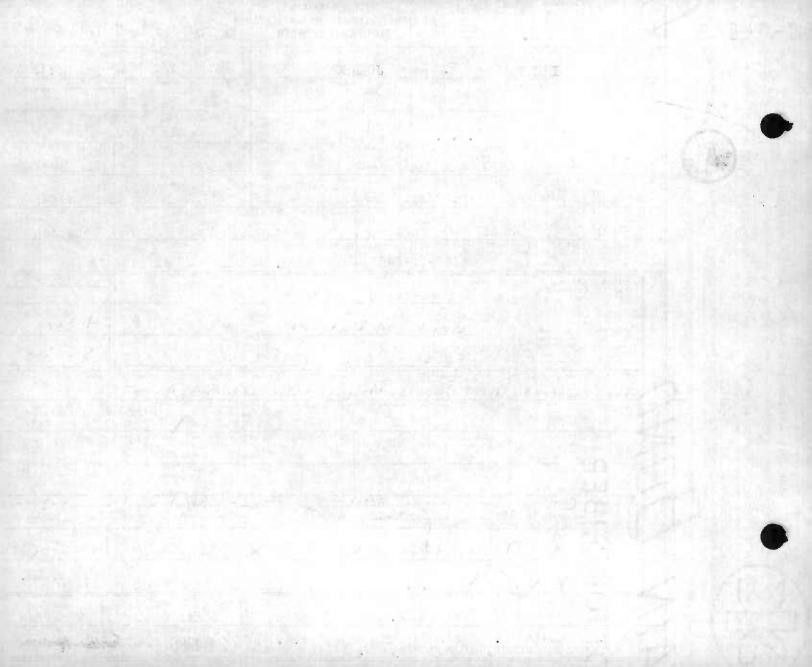
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ter this of the burner of the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F		ARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TOR: Affor use of Health		22a I certify that (I) (this has say the demoned alive above, it was did that	1 44	-		d that in (my) (our) opini	ion death accord	ed on the date and	hour and from the	, that () (we) lost e couses stated
AL DIREC Jetoched ste Dept. T: If Item		22b. SIGNATURE	2018 (06	000	7	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	22c. DAT	25/86
should be owith the Str		22d. PHYSICIAN'S NAME (TYPE)		chaw v	D	22e. ADDRESS	0			
743 ₹ <del>1</del>		URIAL, CREMATION, REMOVA SPECIFY)  Cremation	April 28	186 Wes	stviev	emetery or cremator Memorial P	ark Cat	onsville		
- 16 60M 7/84 /RA 15, 4)		INERAL DIRECTORHATTY  10. 4112 Old Co	H Witzke &	Family	y Fund	eral Home 250 City	MAY 2	REGISTRAN 25b. FEG	ISTRAR'S SIGNA	TURESTOR

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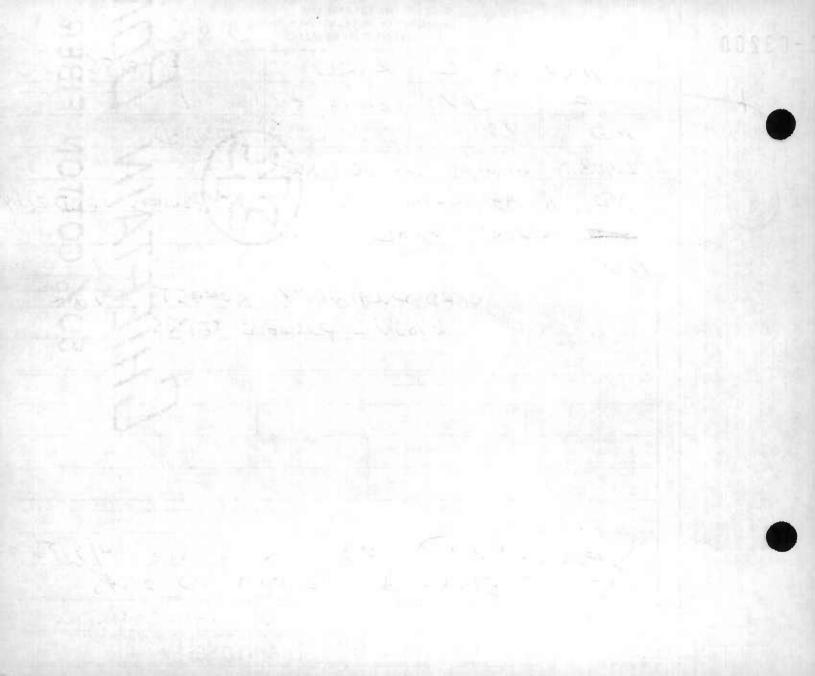
DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE REGISTRAR IRENE E. JOHNSON CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 75 HOUR (TYPE OR PRINT) April 26. 1986 E. JOHNSON 2:43 TRENE 6. AGE [IN YEARS LAST BIRTHDAY] 4 RACE DATE OF BIRTH 3 SEX MONTHS DAYS HOURS Female White 1922 July 1. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? STATE OF FOREIGN MARRIED X NEVER MARRIED Howard County Pennsylvania 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION INDUSTRY Ellicott City 8417 Glen Mar Road Housewife Own Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Ellicott City Maryland Howard 8417 Glen Mar Road 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME John James Gregory Alexanderine Thompson ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 178-12-8250 Howard E. Johnson Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), b, and c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Metasteses Brain Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF Enidermnd PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION Malismant Arpercalconia, 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 71n ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE Apri BOG 22a | certify that (1) (this hospital) attended the deceased from, sow the deceased alive on April 24 19 86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body affor deat) 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ould b M.D. 10606 Hickory Ridge Road. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 4/29/86 St. John Cemeteru Ellicott City BP. Maruland Lenage M. & Russell C. Witzken Funeral Homes 1630 Edmondson Avenue, Catonsville, MD. 21228 DHMH - 16 60M 1/75 (VR A 15 (4))



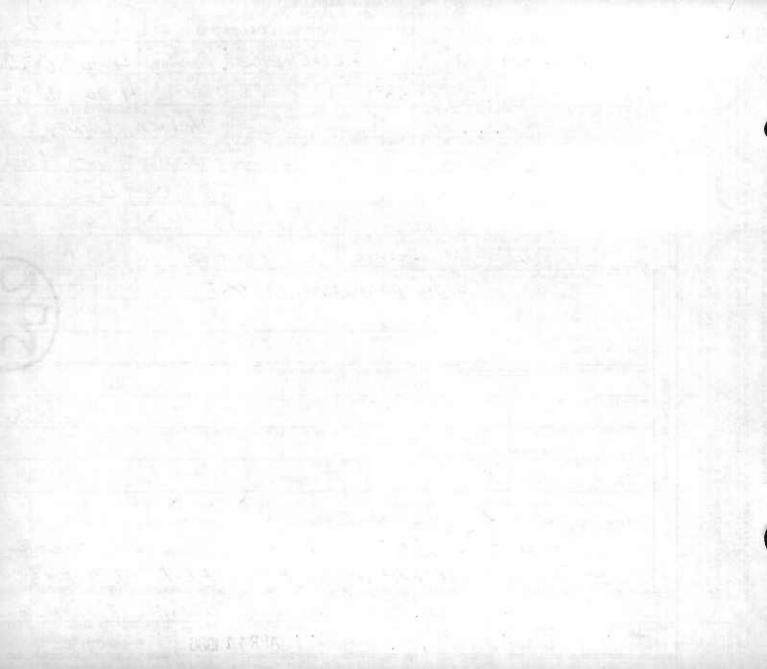
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	S SERVICE S	10.0	III OR IOWN	OFDEATH	(IF NOT I	IN SUCH FACI	ILITY, GIVE ST	REET ADDRESS)		EK INSTITU	IIION	EQR /	MOST OF WO	JPATION (			OR II	NDUSTR	Y
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	PRESTON ST., BALTIMORE, MD. ITHIN 24 HOURS AFIER DEATH CIL IN ITEM 18, GIVE PAGES 1, 2 NER ALONG WITH FORM PM 3 ANSIT PERMIT, PAGES 1 MD 2 REMOVAL. REMOVAL.	()	ES, NO, OR UNKNO	OWN) (IF YES, GIVE	E WAR OR DATES	5)					1 .			6 198			K He	Luar	o Fd.
	JRS AFT JRS AFT B. GIVE WITH F T. PAGE DIVISIO		No	F DE ATILLE				40-3	777	JoilN V	N. JOH	nison	,	1-164	LANI	0, 11		20 OXIMATE	
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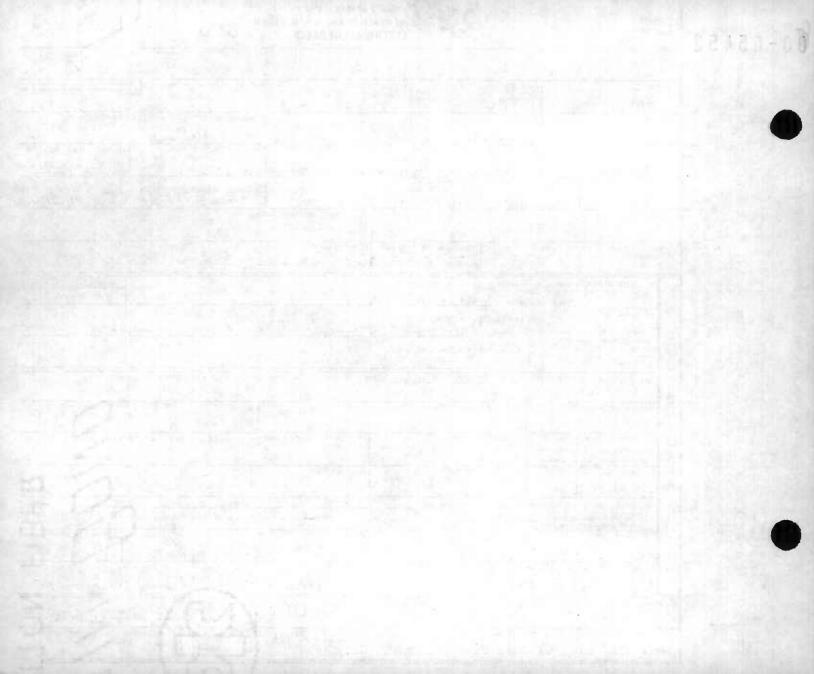
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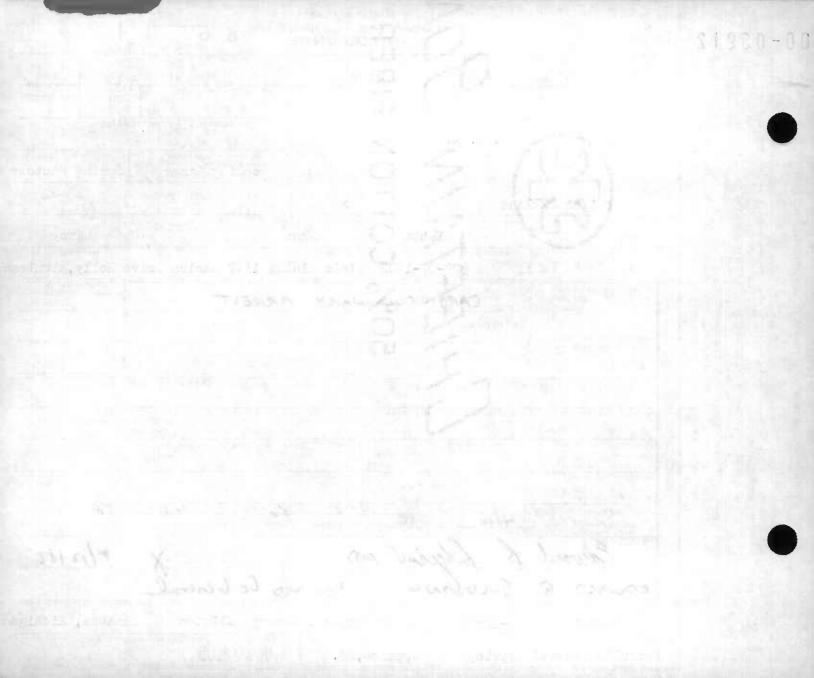
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DIVISION OF VITAL RECORDS,	ENDING" IN MEDICAL EXA AS A BURIAL ALTH AND M CREMATION,	2	PART 2 OTHER SIGI	NIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELA	ATEO TO THE TERM	INAL OISEASI	E OR CONDITION GIVEN IN	PART 1 (a).					
P 88	"PENDI FF MEDI ED AS A HEALTH	2	19a. DATE OF C	DREBATION	In con	DITION LEON		47101111	AS PERFORMED?				Total Control		
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Z	₹ 5 E E E		death resulter			Accident		icide	Homicide		mined manne		, apilion		
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<b>X</b>	8599.8		ACTUAL &	Maria	1 2-	21.1	hout		TITLE (SPECIFY)			DA	TE L	1.00	- 91
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10	EXECUTE THE CERTIF PAGE 4 SHOULD BI TO FUNERAL DIREC AFTER DEATH, WITH BALLIMORE, MARYI	23a.B	IRIAL CREMAT	ION, REMOVAL	23b. DATE	230	NAME OF CE	AETERY O	R CREMATORY	23d LOC	ATION	1.5.10			
07/84 B		Bi	irial		4/14/86				urch Ceme	tery	Clarks	ville "	PINUO	Maryl	and
25M		24 F	HERAL DIRECT	& RULLO	PP C Wi	tzbo Fi	inonal	Home	A P. A 25a. DAT	E REC'D. BY R	EGISTRAR 2	B REGISTRAR			
	DHMH - 17 R A15 ME (5))	5	555 Twin	Knolls	Road Co	lumbia	MD.	1045	S P.A Sa. DAT	PR11	1986	acound	wor-A	andelle	
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				STATE OF MARYLAND		and the same of th
	1.	FOR STATE	W PARY	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	11/33
05652		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	).
00104		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
poge 3	[ TAP	EORPRINT) HENRY	W.	Klerk	A Remain	4 26 8 12 4 A,
boo er d	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
ctor.		m	CAU.	9 14 1903	82	MONTHS DAYS HOURS MIN.
our cure		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY O	
16 76		country) Sermany	U.S.A.	WIDOWED DIVORCED	House	ared
24	_	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	DN 126. KIND OF BUSINESS OF
12 1	(	Columbia, md.	Howard County	C . 1 H / 1	Retired	WORKING LIFE INDUSTRY Taylor Manor
D	Usu	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO	ADMISSION)		
A 5 6 6 6	130.	STATE 136 COU	1 FILLYL		13e STREET ADDRESS /	FORT D. E., C. Md. 2104.
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rs.		140	073 20	JOHE A THE MEGE KI	GER COOC DO	
apsic apsic avol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per time for (a), (b), as			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve eve			TE CAUSE (0) ( Wodo p	ulmonery zmrst		/mmrdieta
aric			DUE TO, OR AS A CONSEQU	ENCE OF		0
atter atian, traum	200	Conditions, if any, which	( 16) Hypertons	ive cardinasculardis	rac unt pronou	myrulis white 9mm
the cemo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
d by the ease ren al, crem ir ather i	Y	underlying cause lost.	(6)			
0 0 2		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)
Then properties to but injury,	NO NO	(Preparescul	lar accident			
1111	¥	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
4 9 4 1 7	E E				YES T NOT	IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)
of the second	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR		
£ 44 5 1		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
0 0 4 /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	211 LOCATION		
4 4 7 9	WEL .	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR ION	VN COUNTY STATE
arke ar		AT WORK AT WORK		1000	1 - 1 3	
0 4 5 5 5			ital) attended the deceased from	G 1902 19	to / to r. 1 20	, 17, Inot (II (#e)10
10 to		saw the decreased elive or about (I) (wal (did) idid in	or) view the body ofter death.		death accurred on the da	te and hour and Iram the causes stated
A RAPE		276 SIGNATURE		DEGREE		22c. DATE SIGNED
A 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		10 aul	4 Causin	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 1 476 8
TANKE 7		THE PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
2918/		Charles E.	Taylor mi)	2 Knoll Nort	& Dring Celo	under mo 21045
28 2813/	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c.			
BP		(SPECIFY) Cremation	April 28 '86 V	NAME OF CEMETERY OR CREMATORY Vestview Memorial F	Catonsvi	lle Balto., Maryfan
DI	74 F	INFRAL DIRECTOR TIE			00.001.212	
MH - 16 50M 4/83	Ty	oc NAM 112 Old Co	lumbia Pike Elli	ly Funeral Home of PA		The same of the sa
(VRA 15, 4)	TI	ic. ATTS OTO CO.	TOURTS LIVE FITT	COLL CITY   INC		



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0-0	391	21	1 -	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	B 6 REG. N	D.	1 /	3 4
	- 1	The same		CEASED NAME FIRST	MIE	DDLE	-	AST	20 DATE OF DEATH	MONTH D.	AY YEAR	26 HOUR
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) ê	. po		3. SEX		4 RACE	March 1	5. DATE C	· · · · · · · · · · · · · · · · · · ·	& AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
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Po	12	10		OUNTRY)	76. CITIZEN OF W		8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
eoth	12	2/		Michigan	U. S	. A.	WIDOWE		Howard	0		MD.
er d	370	3/1	10. CI	TY OR TOWN OF DEATH		DSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUPATI	ON	126 KIND C	F BUSINESS OR
o soft	1 10	2.	Ci	lumbia 1	Howar	0	1	Gen Hosp.	Spring Mak	er	Sprin	g Factory
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NN ND	M	27		Michigan Oa	kland	HOLLY	14	YES TO NO		22100	Drie	2
RYL	2 el	E16.	14.FA	THER'S NAME	WIDDLE	1451		15 MOTHER'S MAIDEN NAM	AE MIDDLE			
MAI v	puo	200	2	John	MODE	Klebb	a	Anna	MIDDLE		0	kroy
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BALTIMOR	Pog	a e	()	ES, NO OR UNKNOWN) (IF YES, GIV	WIT DATES	373-07-	1002	Elsie Klebba	1117 Mario	n Driv	e Holl	y, Michiga
ALT ore b	pers ol.	the.		18 CAUSE OF DEATH (Enter on	nly one couse per li	ne for (o), (b), on	d ics.				BETWEEN	MATE INTERVAL
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W. PRESTON ST of the death cert	ove o	00.3		Canditions, if any, which	( (b)							
. PR	the remo	er tr		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	ENCE OF					
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> Z	ficot fron fron	18		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF HOUR A.M.	INJURY . MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT I OR PART 2}	
O Z	cert priot	He H	ICA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.		19					
SION PHY	this this	0	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	F INJURY T, FACTORY, OFFICE, F	ARM ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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Z.	DR: Neo	E S		220.1 certify that (I) (this hospi	(11	deceased from19	FG	4/12 19 86	ta	1/2. 1		that (I) (we) last
ATTA	ospit d for	a 2		saw the deceased alive an abave, (I) (we) (did) (did na		ter death		d that in (my) (aur) apınıan d	leath accurred on the do	ite and havi		
o a	DiR	if he		22b. SIGNATURE	1	11.:	_	ATTENDING	MEDICAL STAF	E \ /	22c. DATE	
ITAL	RAL det det	ž		27d PHYSICIAN'S NAME (TYPE O	1	Bryen	40 /	PHYSICIAN [	DIRECTOR PHYSIC	IAN	1011	2/86
OSP	FUNE old be	NRTA		EDWARD B	ROLL	alhac	1	22e ADDRESS	Ca ( 1 . D . D	0		
0	shoul	MPORTAN				- 0//		Howard	co vener	al_		
chall	000		23a B	URIAL, CREMATION, REMOVAL	236 DATE 4-17-8	23c N		ection Cemeter	23d LOCATION CTINTON	T	COUNTY	MANANE 4
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	- 4		24 51	NERAL DIRECTOR				105	REC'D. BY REGISTRAR		Carlo Crack Co.	



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R ecut	dicol		(AS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMAN	٧T	119	ADDRE
BALTIMORE, MARYLAND 21201	Po Po	(1)	NO	(1F 7E5, GIV		199-058	854	Cathe	rine	Kni11	WC
SION OF VITAL RECORDS, 201 W. PRESTON ST., PHYSICIAN: The law requires that the death certifiending physician.	er this certificate has been signed by the attending physician the burial-transit permit. Then please remove carbon papers, and Mental Hygiene priar to burial, crematian, or removal. Ked or Item 18 shows any injury, or ather traumatic event, the	MEDICAL CERTIFICATION	Conditions, if any, gove rise to improve (a), statin underlying couse  PART 2 OTHER SIGN  PART 2 OTHER SIGN  190 DATE OF OPERA  210, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI  21d, INJURY OCCURI	AS CAUSE  AMMEDIA  , which mediate ng the lost  NIFICANT (  CAUSE OF DE- CCAUSE OF DE-	D BY:  TE CAUSE (b)  DUE TO, C  (b)  DUE TO, O  (c)  CONDITIONS C  19b COND  21b. TIME C  HOUR A  P  21e PLACE	CANDIAC  OR AS A CONSEQUE  ONTRIBUTING TO D  ONTRIBUTING TO D  OTHER PULL  OF INJURY	NCE OF NUE OF NU	N WAS PERFOR	MED  URY OCCURR	200 AUTOP YES ED (ENTERNATO	PSY?
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TC e	F × × ≤/	22- D	LIDIAL CREALATION	DEMOVIAL	TON DATE	122. N	ANT OF C	FMETERY OR CO	DE 11 1 T CON 1	Table LOCAT	1401

4-16-86

MIDDLE

m.

FOR

REGISTRAR

Muriel

1. DECEASED NAME

- STATE

(TYPE OR PRINT)

(SPECIFY)

24. FUNERAL DIRECTOR

BURIAL

Haight Funeral Home

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

Oak Grove Cemetery

Sykesville, MD

Glenwood

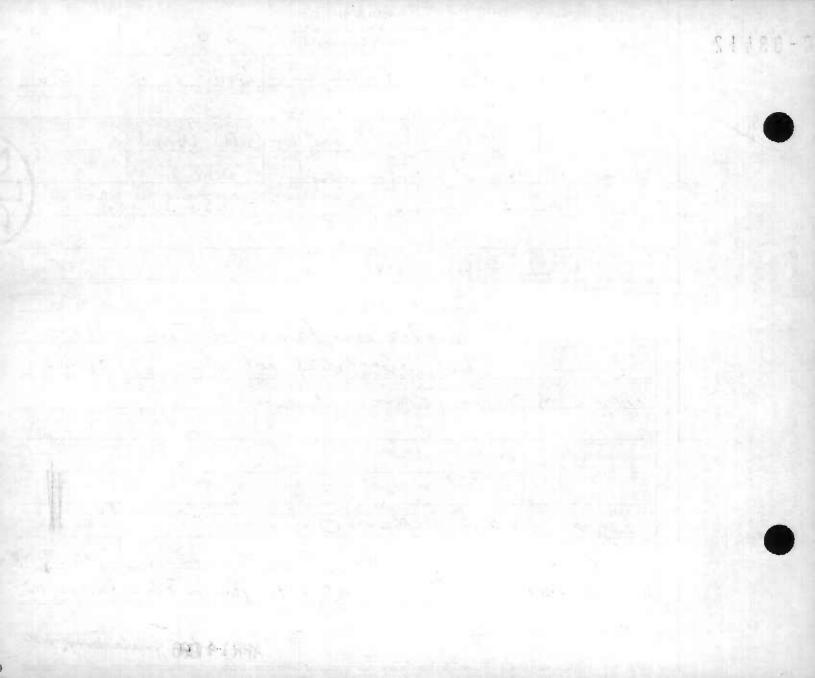
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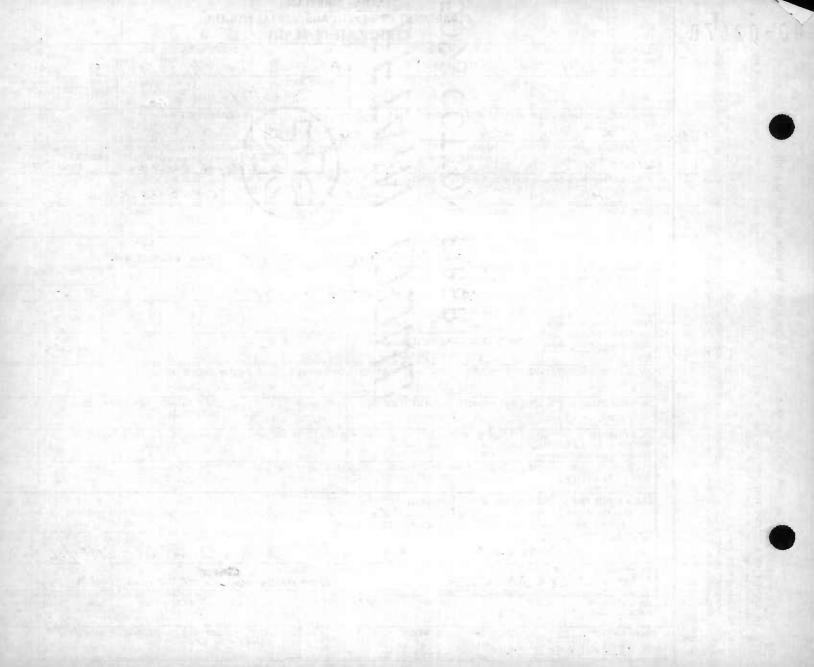
DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2a. DATE OF DEATH MONTH 1986 THDAY) IF UNDER 1 YEAR R COUNTY OF DEATH Juland 12b. KIND OF BUSINESS OR INDUSTRY WORKING LIFE) Meekins ia 526 Daisy Road Dodbine, MD 2179 DITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES [ RY IN ITEM 18 PART I OR PART 2) COUNTY 16 , that (I) (we) last ate and hour and from the causes stated CITY OR TOWN STATE

Howard

MD

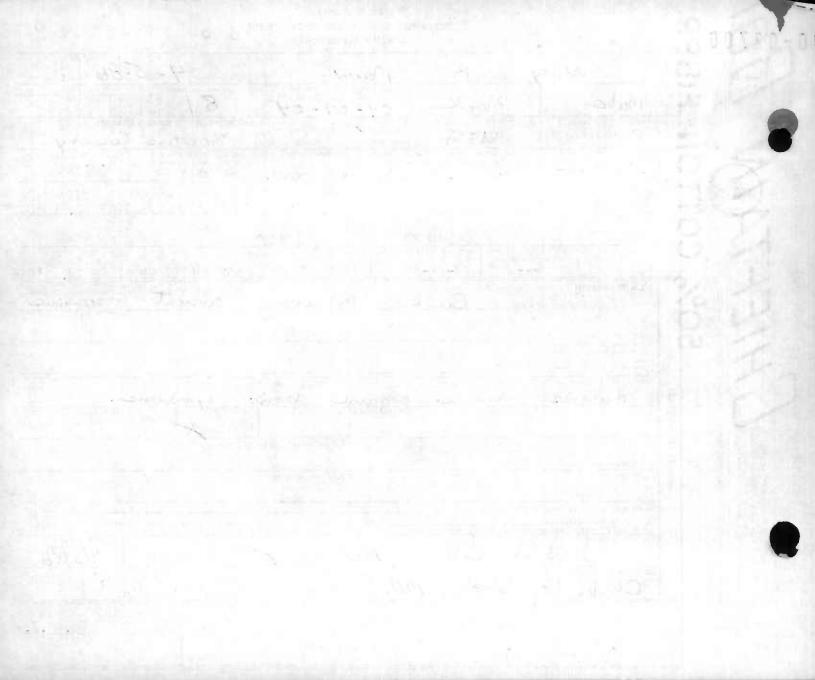


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	y b	boge e Dept		CEASED-NAME First		Middle		Lost	20	DATE OF DEATH			2b. HOUR
	Ē	te bo	(	ype or print) SHIRL	EY	MAE	4	BBRE	NZ	4 Mont	Ol Doy	Yeor	103' P M
	Page	Sto	3. SI		4. RACE			DATE OF BIR		6. AGE (I	-,	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		dire		F	W			2	122/24	last bir	thday)	MONTHS DAYS	HOURS MIN.
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	fter de	filed fune	cau	// NK/ Penna.	USA	V	VIDOWED XX		ED 🔃	HOWA	/		Md
301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	haurs after death.	O Se be		ITY OR TOWN OF DEATH	give street	OF HOSPITAL OR INSTITU address) 100 Cower			during most of	CUPATION (Kind of working life, even	if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
21	24	pa sha	130.	USUAL RESIDENCE (Where deceas	ed lived, if institution: I	Residence before 113	c. CITY OR TO	WN 13	Id. INSIDE CITY LIMITS?	13e. STREET AND		27/	11/3
AND		EC 8 2	odm	ssion) STATE MD	13b. COUNTY HOW	men	Suicon	454	YES NO	5100 con	1562	AUG /	17.5
RYL	within	A Seely	14.	ATHER'S NAME First	Middle	Lost	11S. A	OTHER'S MAII	DEN NAME First		Middle		Lost
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F.	certificate	an ev	19	<ol> <li>CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED</li> </ol>				4					NSET_AND_DEATH
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55	* :	perm cremat	THE	N/A	N/	2		YES [	NO P	CAUSES OF DEATH	?		
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DIVISION OF VITAL RECORDS,	ICIAN:	e burno	MEC		PLACE OF INJURY (AT HO		21f. LOCA	TION Street	or R.F.D. No.	City or Town		County	Stote
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	7 ×	and deto		22d. PHYSICIAN'S			113	22e. ADDRE			100	1	
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	HOSPITAL retoined by	Should be af Heolth	23o.	BURIAL, CREMATION, 235. D	ATE	23c. NAME OF CEM	ETERY OR CRI	MATORY	23d	. LOCATION (City or	Town)	(County)	(Stote)
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	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN TO HOURS ALRECORDS, 201 W. PRESTON STREET,		lew Yorl		U.S.A				VED 🗌	DIVORCI	. A.	loward			MD.
	SER SER	10 C	TY OR TOWN	OF DEATH	11. NAME OF H	FACILITY, GIVE	STREET ADDRESS)		HER INSTITU	TION		CCUPATION OF WORKING LIFE)	(TYPE OF WORK	12b. KIND C	OF BUSINESS OUSTRY
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	EATH PAND AND		Claren	ce	Miboss	CI	lark			ila		MIDDLE		White	
WO	PAG PAG NO			DEVER IN U.S. ARA		16b. SO	CIAL SECURIT	Y NO.	17. INFOR	MANT	-LA A	204058	ss 20t	h Stre	et
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	S B B B B B B B B B B B B B B B B B B B		18 CAUSE C	F DEATH (Enter onl	y ane cause per l	ine for (a), (b	), and (c).)			7				APPROX	MATE INTERVAL
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2	11.6 31.6	-		ns, if any, which	(b)										
3	3 B 28	-	cause (a	stating the under-	< ' ' '	OR AS A CON	NSEQUENCE (	OF .							
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Ö	ASA ALTH	Z			DOM:	Enter									
DIVISION OF VITAL RECORDS,	R: THIS CERTIFICATE SHOULD BE ENTE. WRITING THE WORD "ENDING SWARDED TO THE CHIEF MED AS PAGE 3 SHOULD BE USED AS A E STATE DEPARTMENT OF HEALTH DO, 21201 PRIOR TO BURIAL CREM	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTO	PSY?
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	WAN THE		EXAMINER'S (TYPE OR PRI	NAME Der	nis F. S	Smyfb	M D			111 P	enn St.	. Ralt	O. M.	. 212	201
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA FFER DEATH, WITH THE STA BANTIMORE, MARYLAND, 2	230 R		TION, REMOVAL 2			NAME OF CEA						-, .10		
		(1	PECIFY)								23d. LOCATI		COL		STATE
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DESCRIPTION OF THE SECOND



FOR

DHMH - 16 50M 4/83 (VRA 15, 4)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (pryt)(aur) apinion death occurred an the date and have and from the causes stated 22c DATE SIGNED 24 FUNERAL DIRECTOR

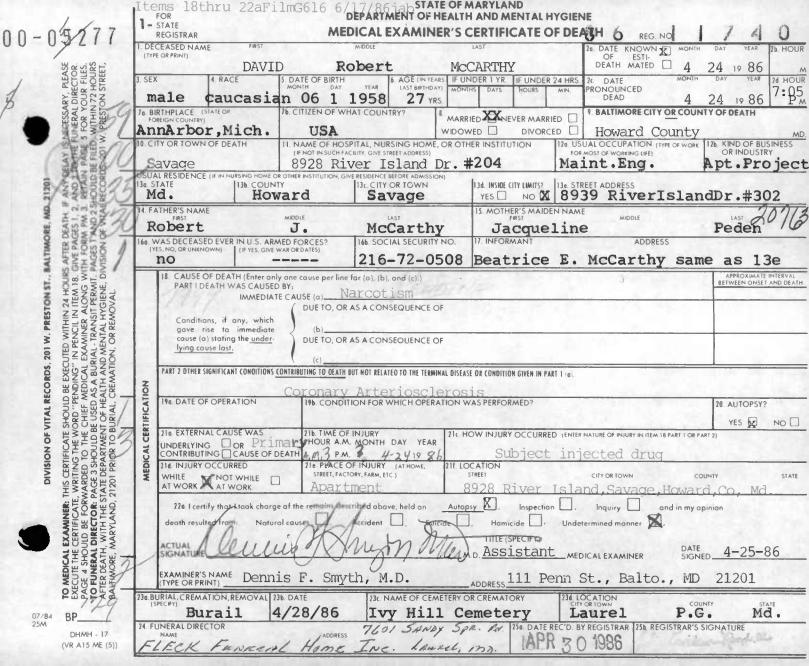
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAYS

HOURS

126 KIND OF BUSINESS OR



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- 216-72-0508 Matrice h. McCarthy and as 130

with the desired the section of the

00-04903	FOR STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENT CERTIFICATE OF DEAT		8 6 REG. NO.	117	4 1
/	1 DECEASED NAME F	IRST A	MDDLE	LAST	2a. DA	TE OF DEATH MONTH	DAY YEAR	2b HOUR
deorth deorth		ORA 1	3.	McQUIGG		04	26 86	AM
on hora	3 SEX	4. RACE		S. DATE OF BIRTH		(INYEARS MAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
S O O O	Female	What	ite	DAY 10	29	77 YR		HOURS MIN.
P. P	70. BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARR	9 BAL	IMORE CITY OR COU	NTY OF DEATH	4-5-1
	Virginia	USA		WIDOWED NORCE		loward Count	ty	MD.
	10. CITY OR TOWN OF DEATH		OSPITAL, NURSING	HOME OR OTHER INSTITUT		UAL OCCUPATION F WORK FOR MOST OF WORKIN	126 KIND OF	BUSINESS OR
	Elkridge	7242 Mc		Rd., Apt. 3D		aitress	Restau	cant
24 hou	USUAL RESIDENCE (IF NURSING 136 STATE 138 Maryland	HOME OF OTHER INSTITUTION OF COUNTY	GIVE RESIDENCE BEFORE AT 13t. CITY OR TOWN Elkridge	DMISSION) 13d. INSIDE CITY LI YES \( \begin{array}{c} NO \end{array}		EET ADDRESS / ZIP CO	ODE	
mpletely and 2 s	14 FATHER'S NAME FIRST Rush	MIDDLE	Peak	15. MOTHER'S MAI	IDEN NAME	WIDDLE	Pasle	
be execut	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? F YES, GIVE WAR OR DATES)	166. SOCIAL SECURI 212-16-40	TY NO. 17. INFORMANT		ADDRESS es, 900 Cat		
es that the death certificate led by the ottending physicic please remove carbon papers urial, cremation, ar removal.	Conditions, if ony, wigove rise to immed couse (o), storing underlying couse	CAUSED BY:  MEDIATE CAUSE (o)  DUE TO, OR  hich (b)  the lost.  (c)	AS A CONSEQUEN	CEOF	tory o	crest	APPROXIM BETWEEN ON	ATETNTERVAI ASET AND DEATH
equire sign Then to bu	& Merte		LIA SINGE	She tage et	A A			

CERTIFICAT 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CAUSE OF DEATH MEDICAL 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE 220.1 certify that (1) occurred on the date and hour and from the couses stated

22e ABORESS

MEDICAL STAFF DIRECTOR PHYSICIAN

Dr. Gloria Damien

Parkanna Med. Cntr., 4000 Annapolis Road

Elkridge

MEDICAL

Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Meadowridge Mem. Park

231 NAME OF CEMETERY OR CREMATORY

DEGREE

Md STATE Howard

(SPECIFY)

Hubbard Funeral Home, Inc., 4107 Wilkens Ave. 9

4/29/86

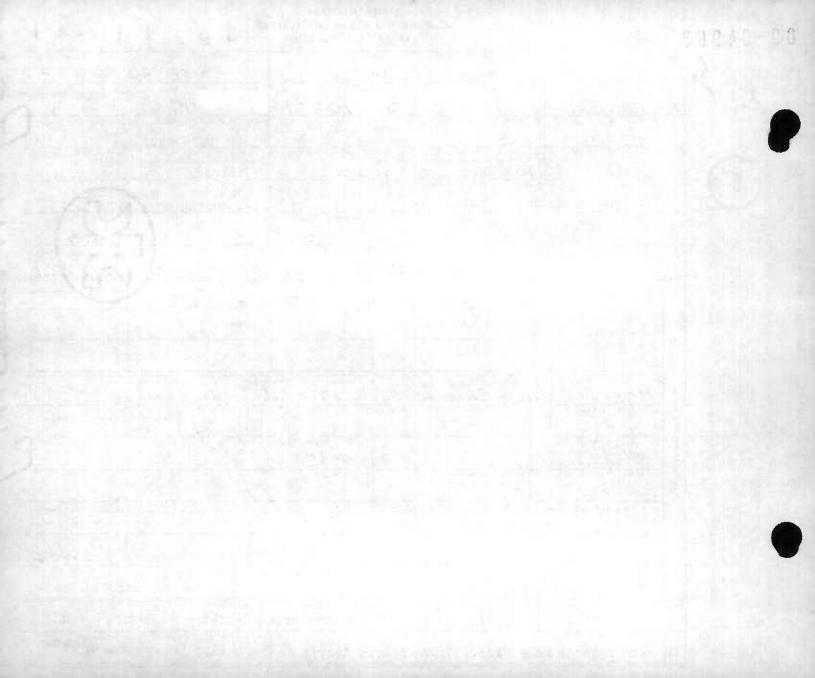
23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

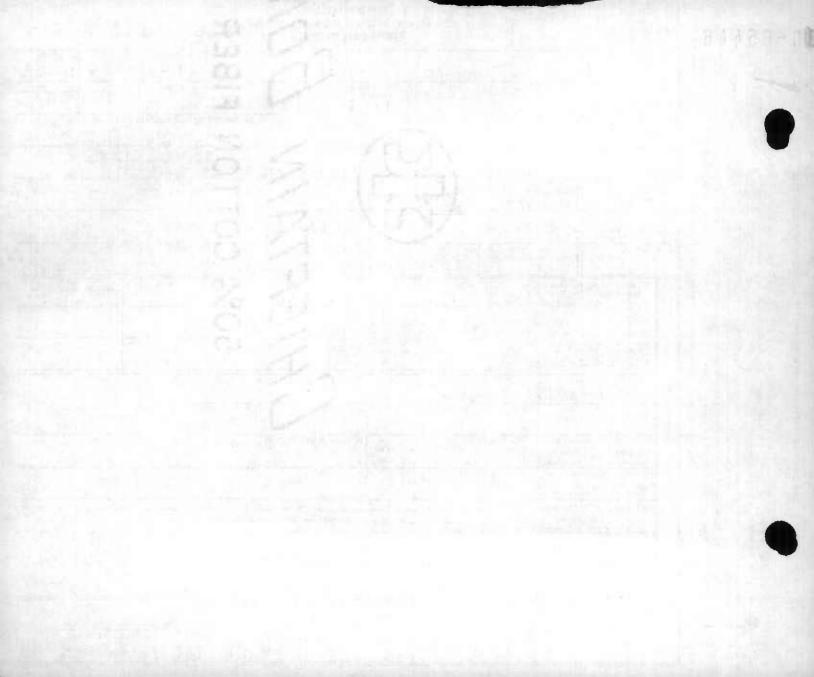
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MPORTANT:



STATE OF MARYLAND

BUILD PROFESSION OF THE RESIDENCE PROFESSION OF THE PERSON The second of th Destination of the section is CARAMONT LINES FREE MULTINES THE PROPERTY OF THE WAY AND THE PARTY OF THE This was the same of the same of the same of



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH 2b HOUR DECEASED NAME RASMOND LIVPE OR PRINTS 86 4004 4. RACE IF LINDER LYEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAY YEAR Male White 21 12 74 To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Howard County Md. U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE) Columbia Howard County General Retired Donut Corp USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Md. Howard Columbia YES X 9796 Owen Brown Rd. 21045 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Joseph J Paddy Mary King G. **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! Columbia, Md 218-03-9889 9796 Owen Brown Rd. Selma Paddy 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY Suchelen IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF mistastatic small cell Carcisonia o Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. enal Frilen CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION Crillakeen 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NOF YES [ 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC ) WHILE NOT WHILE

211 LOCATION

CITY OR TOWN

COUNTY

STATE

mrsch 24 220.1 certify that (1) (this haspital) attended the deceased from Caril 1 saw the deceased alive on\_ and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN PIDIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b DATE

4-19-86

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

Ellicott City

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

ould be 0

MEDICAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR Harry H. Witzke & Family Funeral's

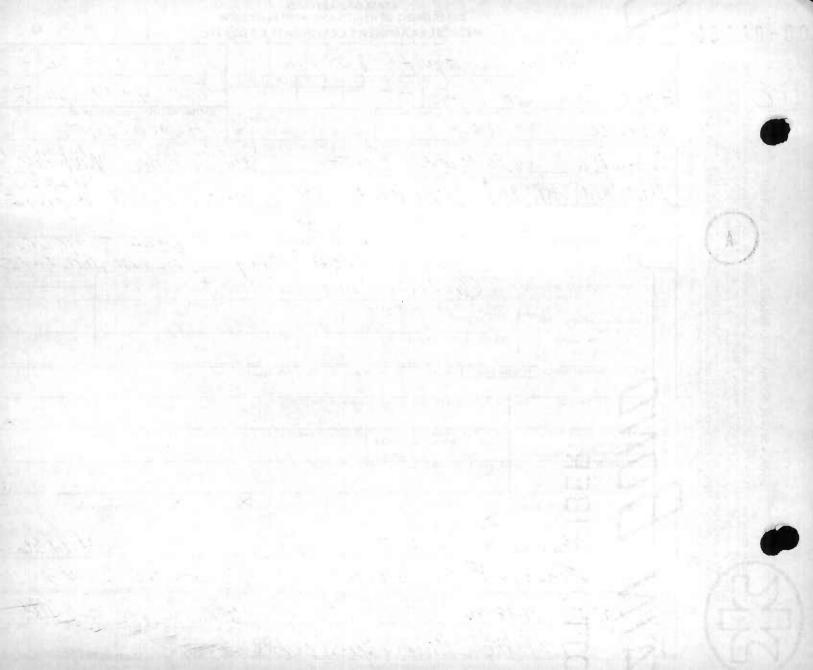
4112 Columbia Ellicott City

Crestlawn

136. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

удамой билион .erok Junetil berkhen Lauren Sound State Alljanis C Howard Colmids set 10 own system IU, 21045 that the second of the second

00-04390	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	146
W 940 10 12	T. DECEASED NAME MELLA VIRGINIA Parada 20. DATE KNOWN MONTH OF ESTI-	7 1984 7 M
ARY, REAL	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHOAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD  4. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR VERY VERY VERY VERY VERY VERY VERY VER	DAY YEAR 2d HOUR 7 182 8 M
THE STATE OF THE S	76. CITIZEN OF WHAT COUNTRY?  8. MARRIED   NEVER MARRIED   PARTIMORE CITY OR COUNT WIDOWED   DIVORCED   TOWARD CO	Y OF DEATH  ANTY, MD.
FLAY IS N TO THE FL TO THE FL TO THE FL SC (200 I W		12b. KIND OF BUSINESS OR INDUSTRI WADM. HESP. C
Z AND DE	USUAL RESIDENCE (IF IN 1911 OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)  130. STATE  134. INSIDE CITY LIMITS?  YES TO NO CONTROL OF THE CONTROL O	M #320
<b>13</b> 2	14. FATHER'S MAME MIDDLE RUSS 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
SALTIMO GEPAR TITLE FOR INVISITE TO	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, GRUNKNOWN) (IF YES, GIVE WAR OR DATES)  160. SOCIAL SECURITY NO. 17. INFORMANT  (ADDRESS 7 /	Med Froys
W. PRESTON ST S. WITHIN 24 HOUF ENCL! IN ITEM 18. MINER ALONG W 7RAMSTI FERMIT. 7RAMSTI FERMIT. OR REMOVAL.	18 CAUSE OF DEATH (Enter anly ane cause per ling far (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMÄTE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROPER 23 SHOULD BE USED AS A BURIAL- RE DEPARTMENT OF HEALTH AND ME SOI PROPER TO BURIAL, CREMATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
HAL RESPONDED ON PERSON	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART 1 OR PART 1	20. AUTOPSY?  YES NO S
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DIVISION THIS CERTING WRITING ARDED 1 AGE 3 SHATE DEPARTED PROPERTION OF THE DEPARTED PROPERTIES OF TH	ONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COU	UNTY STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE SHOULD BE EXECUTE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINATION BE USED AS A BURRAL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL THE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MARY LAND.  BATTMORE, MARYLAND, 21201 PROR TO BURRAL, CREMITION	22e I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apideath resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE , M.D. DEFLUT, MEDICAL EXAMINER SIGNATURE	4-17-82
O MEDI XECUTE A A GE 4 4.	EXAMINER'S NAME Thomas F. Derbert A Dadress aficate City, Md 2	1043
BP	230. BURIAL CREMATION REMOVAL 236 DATE  230. BURIAL CREMATION REMOVAL 236 DOTAL 236 DO	10. 1118.
DHMH - 17 (VR A15 ME (5)) 20M 4/82	Pack Funeral me Elliot City Med 12 APR 22 1986 del Tries	Randama



		FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY(	CIENE	1 7 4 7
3902	L	- STATE REGISTRAR	PAT ARTY	CERTIFICATE OF DEATH	8 6 REG. NO.	1/4/
ot p		CEASED NAME FIRST LEÓN	ARD ROBERT	SCHLAUCH	20 DATE OF DEATH MONTH	11 - 86 10448M
o de	3 SI		1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	CAUCASIAN	MONTH DAY YEAR	43 YRS	MONTHS DAYS HOURS MIN.
7		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
G .	1_	ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DISTRIBUTION	HOW 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
2	1	OLUMBIA	(IF NOT IN SUCH FACILITY, GIVE STREET. HOWARD COUNTY		(TYPE OF WORK FOR MOST OF WORKING Retired U.S.	LIFE) INDUSTRY
Per Pe	USU 13a	STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	ADMISSION)  13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE
5	14. F	MD. HOW	JARD CLARKESV	11LLE YES NO NO NAIDEN NA	6709 Surrey L	-ANE 21029
(\$20		Ivan Schlaue	ch LAST	FIRST	ower	1AST
dico		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU		ADDRESS	21029
ne med		Yes W.W	• 11	Mrs Jean Schl	lauch 6709 Surre	y La. Clarksvill
+ ,		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	nly one couse per line for (a), (b), and ED BY:		rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ic ev		IMMEDIA			ILI CCS)	
troumatic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENCE OF EXLOTIC HEA	NT DISEASE	> 10 yrs
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ather		underlying cause last.	AORT (			
ury, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	GIVEN IN PART 1(0
any in	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
DX	] 🚆					TIFYING CAUSES OF DEATH? YES NO
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ie le	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
ked or	MEC	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
S mo		220.1 certify that (1) (this hosp	ital) attended the deceased from Q	10 9/11 19 86	, to	. 19, that (I) (we) lost
n 21		sow the deceased alive or above, (I) (we) (did) (did no	of view the body after death.		death occurred on the date and he	our and from the causes stated
# #		226. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
Ž /		22d. PHYSICIAN'S NAME TYPE	OR PRINTS	PHYSICIAN [	DIRECTOR PHYSICIAN	4-11-86
MPORTANT		/ /	ershon	HCGI	+ Emerge	ncy Room
IMPORTANT: IF	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	236 LOCATION	I OUNTY STATE
_		Cremation	April 12'86 We	stview Memorial Pk	. Catonsville B	alto., Maryland
16 60M 7/B4 RA 15, 4)	24. F	UNERAL DIRECTOR Harry	H Witzke & Familumbia Pike Ellic	v Funeral Home 250 DAT	E REC'D. BY REGISTRAR 256 REGI	aico., Maryla

April 7,1986 King David Mem. Gdn.

Danzansky-Goldberg Mem. Chps Rockville, Md20852

1170Rockville Pike

Falls Church

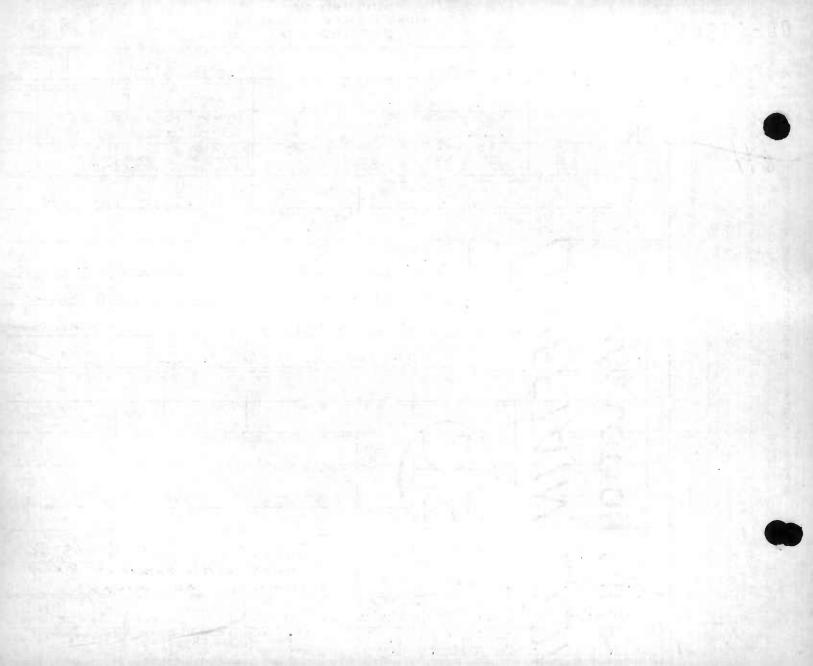
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24 FUNERAL DIRECTOR

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STATE OF MARYLAND

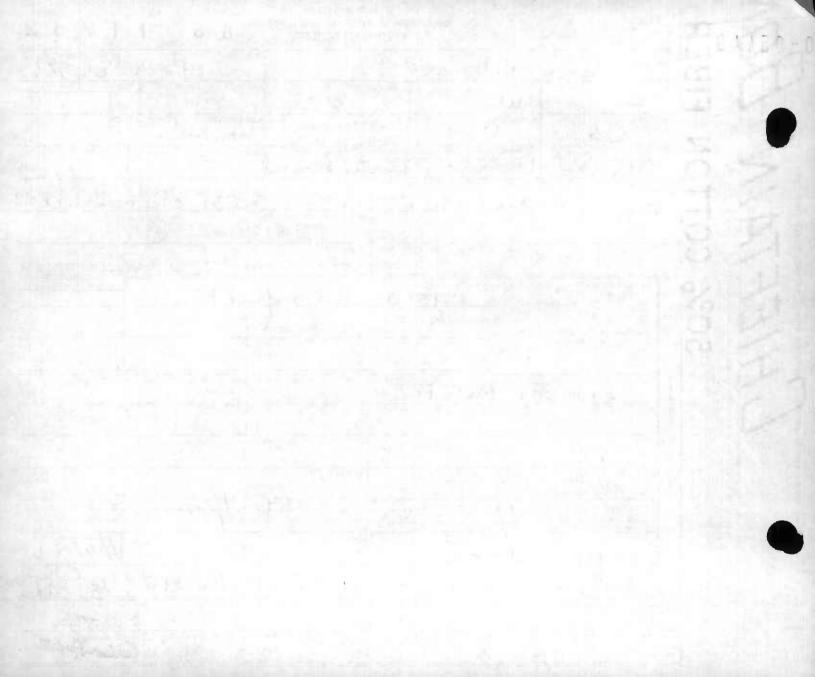
STATE OF MARYLAND 00-03904 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR [TYPE OR PRINT! m % o Robert. Treisch D. April 15,1986 6:50 AM 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH HOURS Male White Sept. 12, 1917 To. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED EXNEVER MARRIED Ohio U.S.A. Howard County WIDOWED DIVORCED [ ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ellicott City Rollingtop Road Retired W.R. Grace co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Howard Ellicott City YES 4818 Rollingtop Road 21043 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Henry Treisch LAST MIDDLE Anna Veres 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) WW 11 280 09 2290 Mrs Betty Treisch 4818 Rollingtop Road 21043 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BYweeker IMMEDIATE CAUSE 10 DUE TO, OR AS A COMSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 301 ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď rial-transit per IN CERTIFYING CAUSES OF DEATH? YES [ NO T 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDI 21d IN JURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 10 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on 5/10 obove, (1) (we) (did) (did not) view the body after death. 086 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE wints Mars, in D ATTENDING DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 11065 Little Patuxent should be IRWIN H. MOSS Columbia 21044 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY Cremation April 18'86 Westview Memorial Pk. Catonsville Balto., Maryland BP. 24. FUNERAL DIRECTOR Harry H Witzke & Family Funeral Homes. Date REC'D. BY REGISTRAR 256. REGISTRAR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 250. DATE R DHMH - 16 60M 7/73 Inc. (VR A 15 (4)) 4112 Old Columbia Pike Ellicott City



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE XAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME JAMES VanCuren 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-James DATE OF BIRTH 27 YEAT 5 6. AGE (IN YEARS MONTH 9 DAY 27 YEAT 5 LAST BIRTH 40 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS. DATE PRONOUNCED DEAD 70 YRS THE BUTTHPEACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED U.S.A. Indiana WIDOWED [ DIVORCED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Columbia Personal Clerk Post Office (15N) ISUAL RESIDENCE (IF IN NURSING HO 130 STREET ADDRESS 102 Cambridge Trail 33570 Hillsborough Sun City Centeres Florida NO X E. MIDDLE Estella Shinabarger Rou VanCuren 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 306 - 05-8293 Mary Ellen VanCuren Same as # 13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVA RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211, LOCATION STREET, FACTORY, FARM, ETC.) SIREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an and in my opinion death resulted fram: Notural causes Homicide Undetermined manner ACTUAL EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE Catonsville MD STATE Westview Crematory Cremation Lenon of Russell C. Witzke Funeral Homes P. Al 250. DATE REC'D BY REGISTRAR'S SIGNATURE **DHMH - 17** 5555 Twin Knolls Road, Columbia, MD. 21045 (VR A15 ME (5))

STATE OF MARYLAND

	STATE OF MARTLAND
-056686	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 8 6 REG. NO.
be be coth	DECEASED NAME FIRST WALLER. LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINT) Edna Wallace.
may pag er de	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 3 HRS
age 4 urs aft	F W 2 9 20 66 YRS MONTHS DATS HOURS MIN.
death. Pe	BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8.  MARRIED   NEVER MARRIED   HOW COUNTY OF DEATH WIDOWED   DIVORCED
offer o	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. LIVE OF WORK FOR MOST OF WORKING LIFE) 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. LIVE OF WORK FOR MOST OF WORKING LIFE) 12. LIVE OF WORK FOR MOST OF WORKING LIFE) 12. LIVE OF WORK FOR MOST OF WORKING LIFE) 12. LIVE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE) 12. LIVE OF WORK FOR MOST
AND 212	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  30. STATE  134 INSIDE CITY LIMITS?  135 TREET ADDRESS / ZIP CODE  136 TOWN / YES IN NO IN STREET ADDRESS / ZIP CODE  137 TOWN / YES IN NO IN STREET ADDRESS / ZIP CODE
MARYL and 2 s	Chares A. Brown Last Lillie Cooper MIDDLE LAST
RE, l	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
IMOI n one . Page	No Margaret Gorman 8530 Old Frederick Rd 2104
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours r attending physician.  Where this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill this and Mental Hygiene prior to burial, cremation, ar removal.  In an all shows any injury, or other traumatic event, the medical examinations in a standard or them.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF
requires the requires the signed or to burial or to burial the requires or to burial the requires or to burial the requirements or the requirements of the requirement	PART 2. OTHER SIGNIFICANT HONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PLUBETTO MELLOWS:
TAL REC	PUNETO NELLOW '  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INJEM 18 PART 1 OR PART 2)
OF VITA ICIAN: TI physicial cutificate ial-transif ntol Hygi	AN CONTRIBUTE OF OCCUPIE HOUR A.M. MONTH DAY YEAR
G PHYS of PHYS	OR CONTRIBUTION OF THE PROPERTY DEATH  (IF EITHER NOTHY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURBED  31REET
TTENDIN prital or TTOR. Aff for use or of Health	220.1 certify that (1) (this haspital) attended the deceased from
AL OR A the hos AL DIREC detached detached ore Dept. II. If Item	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store	William Flowers MD 11055 Little Partners Pky Colym
	38. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
BP	Burial May 3, 1986 Meadowridge Howard Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	Inc. 4112 Old columbia Pike Ellicott City



-04861			n A. Whealton, Sr.	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	11753			
be droth		CEASED NAME FIRS	A -	WHEALTON, SE	20. DATE OF DEATH MON	VEAR 25 HOUR A			
e 4 may	1.58	MALE	4 RACE VALHITE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	DERTYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.  YRS			
	100	IRTHPLACE (STATE OR FOREIGN	1.= 1	MARRIED   NEVER MARRIED   MIDOWED   DIVORCED   MIDOWED   MIDOWED	9 BALTIMORE CITY OR CO				
The state of the s	10 0	Olumbia		HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION				
A Post	130	AL RESIDENCE (# NUR	OTHER INSTITUTION GIVE RESIDENCE BEFORE A JUNITY 130. CITY OR TOWN	OMISSION)	13e.STREET ADDRESS / ZIP	SODE -			
The state of the s	PLE	ATHER'S NAME FIRST Dorm	an Whealton	9. YES NO  15. MOTHER'S MAIDEN NA  Lizzie	ME	LAST			
ond copy of co		WAS DECEASED EVER IN U.		ITY NO. 17 INFORMANT	ADDRESS	514 Cranford Rd.			
hysician poper fovol:	-		ter only one couse per line for (a), (b), and	ic i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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t the dec t the otte e remove cremotion ther trour		Conditions, if ony, whice gove rise to immedia couse (a), stating the underlying couse los	DUE TO, OR AS A CONSEQUEN						
uires that the	z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 110			
nn. hos been i permit The permit The sine prior it is the prior it is the permit The sine prior it is the sine permit The sine in its interest	CERTIFICATION	Septicen	196. CONDITION FOR WHICH C		TION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, IN CERTIFY				
SICIAN: The Ing physicion. certificate has rial-transit peental Hygiene Item 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH DAY	Y YEAR					
PHY tendin	MEDICAL	21d INJURY OCCURRED  WHILE NOTWHILE TO AT WORK	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE			
TENDING ital or of IOR: After or use as the of Health of 1 is mark		220. I certify that (I) (this sow the deceased of:	hospital) attended the deceased from	4-15-186, 19-86 6, and that in (my) (our) opinion	death occurred on the date on	, mor (ir (we) tos.			
the hosp the hosp L DIRECT stoched fi e Dept		obove, (I) (we) (did) (d	lid not view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	220. DATE SIGNED			
O HOSPITAL eroined by the TO FUNERAL should be determent the Stote important:	1	22d Phys HEM S NAME (	TYPE OR PRINT)  DESAI	22e. ADDRESS 5 CTIMBO	Mill Wright Steel Co.    13e.STREET ADDRESS / ZIP CODE   32 L Po pple on S / 21230     AME				
BB reform	230	BURIAL, CREMATION, REMO		AME OF CEMETERY OR CREMATORY adowridge Memoria	23d LOCATION				
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injury, or other troumotic event, the

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		FOR STATE REGISTRAR			CERTIFI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	90	8 O REG. NO		l	1	5 !	3
		OR PRINT) Ethel	<b>&gt;</b>	AIDDLE	LA	Wolf.	20	DATE OF DEATH	MONTH	8	Slo.	2b. HOUI	М
	3. SE)	Female	G.U.C		S. DATE O	F BIRTH  DAY  YEAR  14	6. /	AGE (IN YEARS LAST BIRT	YRS	MONTHS	DAYS	IF UNDER	24 HRS MIN.
5	0	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIVORCED X		BALTIMORE CITY OF	-	Y OF D	EATH	94	MD.
	0	OLUMBIA	HOLUCLY?	A County	(DEN	ROTHER INSTITUTION  2 mg 1 to spitia	1 1	USUAL OCCUPATION OF WORK FOR MOST OF Housewife			KIND OF	BUSINE	SS OR
5	13e. S	12		130 CITY OR TOWN	V 1	138. INSIDE CITY LIMITS?	1	STREET ADDRESS / 2522 Melba			)43		
0		THER'S NAME  Jason W.Stockbr	idge	LAST		15 MOTHER'S MAIDEN N		csock			LAS1		
/	16a. W	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) I IF YES, GN	MED FORCES? (E WAR OR DATES)	219/00	12 -	IT INFORMANT Frederick Wo	olf	2522 Melb		ad 2	21043		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	lly one couse per D BY: IE CAUSE (a)	line for (a), (b), and	ma	lian Phil	M	remoi	Site.		APPROXI BETWEEN C	MATE INTER	VAL DEATH
		Conditions, if ony, which											
٩		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF								
	NOI	PART 2 OTHER SIGNER CANT	CONDITIONS CO	OMRIBUTAG TO D	EATH BU	NOT RELATED TO THE TER	RMINA	L DISEASE OR COND	DITION GI	VEN IN	PART lie		
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	96. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NO YES						IFYING	WERE FINDINGS USED ING CAUSES OF DEATH?		
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	URRED	(ENTER NATURE OF INJUR	Y IN ITEM 18	PART I O	R PART 2)		
	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (	OF INJURY LEFT, FACTORY OFFICE, FA	ARM FTC )	21f LOCATION STREET	2	CITY OF TOV	18	cc	Z/	51	TATE
		22a I certify that (I) (this hosp saw the decreased above on above, (I) (we) did) (did, no	Tell	19.0	18. on	d that in (my) (our) apinio	on dear	th occurred on the do	ite and ha	ur and		that (I) (v	
		276. SIGNATURE TO	WOV	Naw	4	DEGREE ATTENDING PHYSICIAN	200	AEDICAL STAF	F IAN [	2	2c DATE	SIGNED	
		MAO	REV			MYEDIC	po	ANT C	un	30	OW	MSI	12
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	April	12' 86 Lc	udon			23d LOCATION CITY OR TOWN Baltimore	Mar	ylar	nd	SI	TATE
1	24 FU In	o. 4112 old co	H Witzk Lumbia P	e & Familike Ellic	y Fun	eral Home 150 D	APR	70 1986°	ALREGIE	ABORIS.	Short f	A PROPERTY OF	

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO 0.0 - 0.362REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-NERAL DIRECTOR.
OR YOUR FILES.
WITHIN 72 HOURS DEATH MATED Gloria Jean Wolnitzek Apr. 1986 4 RACE A AGE (IN YEARS | IF UNDER 1 YR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White Female 30,1953 32 RS May BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Howard Co. D. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS ILM AME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Columbia Clerk 7-11 Store SUAL RESIDENCE (JEIN NUR 13c CITY OR TOWN 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland A. A. Co. Glen Burnie YES [ NO X 210 3rd. Ave. S.W. 21061 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME (Liv) LAST (Liv) MIDDLE MIDDLE FIRST Buckingham Vernon J. Hepburn Marjorie C. In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Husband) (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No N/A 213.62.2247 Mr. Stanley A. Wolnitzek Same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EXECUTETHE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDING AS 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AT TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT AFTER DEATH, WITH THE STATE DEPARTMENDOF HEALTH AND MENTAL HEALTH AND MENTAL HEALTH AND MENTAL HEALTH AND MENTAL BAJLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR HEMO Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO W 21g. EXTERNAL CAUSE WAS 216. TIME QE, INJURY 21r HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING TICAUSE OF DEATH PM 21e. PLACE OF INJURY (AT HOME 21f. LOCATION WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion Inspection death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Apr. 16,1986 Gardens of Faith Burial Baltimore Md. BP 24 FUNERAL DIRECTOR C 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Singleton Funeral Glen Burnie, Maryland (VR A15 ME (5)) Home 20M 4/82

- APR 15 888 7 1994

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

NE 8 6 REG. N	10.	1	1	5	7
0 DATE OF DEATH	HTMOM	DAY	YEAR	2b. HOU	IR .
9-1-	86			12.4	SA,
. AGE (IN YEARS LAST BIRTHDAY)		IF UND	ER I YEAR	IF UNDER	24 HRS
		MON1HS	DATS	HOURS	MIN.

REGISTRAR	CERTIF	ICATE OF DEATH	b b REG. N	10.	1	3 /	
1. DECEASED NAME FIRST M	NDDLE I	AST	20 DATE OF DEATH	MONTH DAY	YE AR 2	b. HOUR	
Richard	J. W	right	9-1-	86		12.45A M	
SEX 4. RACE (1) H)	TE S. DATE C		6. AGE (IN YEARS LAST BIT	YRS IF UNI		IF UNDER 24 HRS HOURS MIN.	
Maryland  (6) BIRTHPLACE (STATE OR FOREIGN  (7) CITIZEN OF W	WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	R COUNTY OF D	Y, COC	LUM BY MD.	
COLUMBIA HIC	OSPITAL, NURSING HOME C FACILITY, GIVE STREET ADDRESSI	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Electricia	OF WORKING LIFE) IN	b. KIND OF I IDUSTRY	BUSINESS OR 70 W. loca	
MD HOWARD		13d. INSIDE CITY LIMITS? YES NO	136.STREET ADDRESS 12630 HA		Rd &	20759	
George L. Wright	LAST	Lillian O'	Brien MIDDLE		LAST		
(YES NOTES NOWN) (LYES GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 217 28 9198	17 INFORMANT Mrs Colleen V	ADDR Vright 1263		Fultor hop Ro	Md. 2075 9	
PART 2 OTHER SIGNIFICANT CONDITIONS CO	AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	I PART Ica-		
190 DATE OF OPERATION 196 CONDIT	ION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	CAUSES	SS USED F DEATH?	
	A. MONTH DAY YEAR	ZIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.N  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  AT WORK AT WORK	OF INJURY ET, FACTORY, OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TO	own c	OUNTY	STATE	
220.1 certify that (1) (this hospital) attended the saw the deceased alive an above, (1) (we) (did) (did not) view the body a	19 00	d that in (my) (our) apinian (	, to death accurred an the d			at (I) (we) last uses stated	
226 SIGNATURE &. Clamew		ATTENDING PHYSICIAN	MEDICAL STA	FF _	22c. DATE SIG		
27d. PHYSICIAN'S NAME (TYPE OR PRINT)  RAMESH SABAPI	ASHI	22e ADDRESS					

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

Gate of Heaven

23d LOCATION CITY OR TOWN MONTGOMERY Maryland

230 BURIAL, CREMATION, REMOVAL

Burial

FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

April 4'86 <sup>24</sup> FUNERAL DIRECTOR Harry H Witzke & Family Funeral Home<sup>250</sup> DATE REC Inc. All 2 Old Columbia Pike Ellicott City Md.

